

MENTAL HEALTH SERVICES
RECEPTION MENTAL HEALTH SCREENINGInstitution: JeffersonDate/Time of Screening: 2/14/05 2:25PMDate/Time Inmate Received: 2/14/05 11:00 AMSignature /Title of Screener: Wm. Walsh LBNMENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC

- Yes No Psychotropic Medication: Klonopin (had something for Nervous)
- Yes No Medication turned over to a DOC upon arrival?
- Yes No Mental Health follow-up in last 90 days:
- Yes No Suicide/self harm attempts in last 90 days:

MENTAL HEALTH HISTORY Does inmate report a history of the following (if yes, provide details):

- Yes No Outpatient treatment: Cheh's Mental Health
- Yes No Inpatient treatment: New Beginning, Roanoke AL
- Yes No Psychotropic Medication: Haldol, Xanax
- Yes No Suicidal Attempts:
- Yes No Suicidal Thoughts: 2002
- Yes No Head injury: Car accident
- Yes No Seizures:
- Yes No Violent Behavior:
- Yes No Substance Abuse: Meth. Pot
- Yes No Substance Abuse Treatment:
- Yes No Special Education classes:

INMATE SELF - REPORT OF CURRENT STATUS

- Yes No First incarceration (reaction): 4th
- Yes No Reports family support: Brother QUALITY CONTROL JTP Date: 3/10/05 Initials: SD
- Yes No Reports serious depression/remorse:
- Yes No Thinking about suicide:
- Yes No Has plan for suicide:
- Yes No Possible to implement plan:
- Yes No Reports hallucinations:

BEHAVIORAL OBSERVATIONS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Poor eye contact | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Unable to pay attention | <input type="checkbox"/> Unresponsive |
| <input type="checkbox"/> Disorientated | <input type="checkbox"/> Overly anxious | <input type="checkbox"/> Unable to follow directions | <input type="checkbox"/> Unable to read |
| <input checked="" type="checkbox"/> Crying | <input type="checkbox"/> Memory deficits | <input type="checkbox"/> Signs of self-mutilation | <input type="checkbox"/> Afraid |
| <input type="checkbox"/> Illogical speech content | <input type="checkbox"/> Appears to be hearing voices or seeing things | <input type="checkbox"/> Paranoid | Date: <u>3/10/05</u> |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Other unusual behavior: | Initials: <u>SD</u> | |

DISPOSITION PLACEMENT RECOMMENDATION (Based on reception mental health screening)

- | | |
|--|--|
| <input type="checkbox"/> Routine housing and mental health follow-up | <input type="checkbox"/> Emergency mental health referral |
| <input type="checkbox"/> Priority mental health follow-up but not emergency | <input type="checkbox"/> Safe cell recommended |
| <input type="checkbox"/> Current Psychotropic meds verified/interim supply ordered | <input type="checkbox"/> Parole violator interim assessment referral |

Inmate Name:

Hagan, Sally

AIS#:

238982

SCANNED

DEFENDANT'S EXHIBIT

28

tabbed

Date: 3/10/05Initials: SD

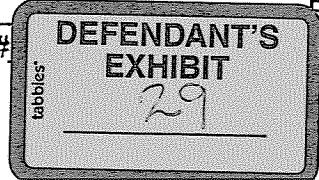
RECEIVED MAR 03 2005

VISITATION LISTPLEASE CHECK ONE:

- NEW ARRIVAL
 SIX MONTH CHANGE

GUIDELINES:

- 1) NO MORE THAN EIGHT (8) PEOPLE CAN BE LISTED.
- 2) ONE MALE FRIEND IF NOT MARRIED & ONE FEMALE FRIEND ONLY.
- 3) IMMEDIATE FAMILY MEMBERS AND ONE (1) FRIEND ARE PERMITTED.
- 4) EX FELONS MUST BE APPROVED BY THE WARDEN ONLY.
- 5) NEW ARRIVALS HAVE 2 WEEKS TO TURN FORM IN. THEY ARE TO BE PLACED IN VISITATION BOX IN DINING ROOM/KITCHEN.
- 6) SIX MONTH CHANGES ARE TO BE PLACED IN THE VISITATION BOX IN THE DINING ROOM/KITCHEN.
- 7) PRINT ONLY!

INMATE NAME Sally Ruth Hogan AIS# 2389821. NAME Roy Lone Whaley
DOB 12/4/1965 RACE W SEX MCOMPLETE 1345 Cd Rd 242
ADDRESS Booneville Alab. 36274
RELATIONSHIP Brother
PHONE# (204) 863-6496
SS# 448-06-0871 DL# 91131172. NAME Cindy Joe Whaley
DOB 8/20/57 RACE W SEX FCOMPLETE 1345 Cd Rd 242
ADDRESS Booneville, Ala
RELATIONSHIP Sister in law
PHONE# (204) 863-6496
SS# 448-92-1275 DL# 462 32 853. NAME Paula Bishop
DOB NOV 28/1971 RACE W SEX F4. NAME Brignna Posse 6 yrs
DOB _____ RACE W SEX FCOMPLETE 407 Miles Rd
ADDRESS Boozer Al
RELATIONSHIP Daughter
PHONE# (204) 863-0571
SS# 430-15-8593 DL# 5610122COMPLETE 407 Miles Rd
ADDRESS Boozer Al
RELATIONSHIP Grand Child
PHONE# (204) 738-6284
SS# DL#5. NAME Elysa Blodsoe 9 yrs
DOB _____ RACE W SEX F
Probably won't come
COMPLETE Old Statehouse Hwy
ADDRESS Booneville, Alia
RELATIONSHIP Grand Child
PHONE# (204) 863-5947
SS# _____ DL# _____6. NAME Kimberly Blodsoe 8 yrs
DOB _____ RACE W SEX F
probably won't come
COMPLETE Old Statehouse Hwy
ADDRESS Booneville, Alia
RELATIONSHIP Grand Child
PHONE# (204) 863-5947
SS# _____ DL# _____7. NAME Angel Blodsoe 2 yrs
DOB Jun 9/2002 RACE W SEX F
COMPLETE 407 Miles Rd
ADDRESS Boozer Al
RELATIONSHIP Grand Child
PHONE# () 55
SS# _____ DL# _____8. NAME Christopher Reaves
DOB 9/28/1985 RACE W SEX M
COMPLETE 407 Miles Rd
ADDRESS Boozer Al
RELATIONSHIP Son
PHONE# 204 593-0571
SS# 422-212176 DL# 736 7099

W/R

CAR829

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
CLASSIFICATION DIVISION
301 SOUTH RIPLEY STREET
MONTGOMERY, AL 36104
17 MAR 2005

MAR 30 2005

DISTRICT ATTORNEY
COUNTY: CHAMBERS

DEAR SIR:

THIS IS TO INFORM YOU THAT THE ALABAMA DEPARTMENT OF CORRECTIONS IS CONSIDERING PLACEMENT OF THE BELOW-NAMED INDIVIDUAL ON A COMMUNITY-BASED PROGRAM.

THE GOAL OF CORRECTIONS IS TO INSURE NOT ONLY THAT THE SENTENCE OF RECORD IS SATISFIED, BUT ALSO TO PROVIDE A MEANS BY WHICH THOSE INMATES WHO POSE THE LEAST RISK TO FREE SOCIETY ARE ALLOWED TO WORK IN ORDER TO PAY FOR THE COST OF THEIR INCARCERATION AS WELL AS PROVIDE A MEANS TO COLLECT FINES, COURT COSTS, FEDERAL AND STATE TAXES, AND MOST IMPORTANTLY, RESTITUTION TO THEIR VICTIMS WHEN IT IS SO ORDERED. THAT MONEY WHICH IS RETURNED TO THE STATE IS VITAL TO OUR GOAL OF MAKING THE ALABAMA DEPARTMENT OF CORRECTIONS ECONOMICALLY SELF-SUFFICIENT. INMATES ASSIGNED TO WORK RELEASE ARE MAINTAINED IN A STRUCTURED ENVIRONMENT AND ARE RETURNED TO THE ASSIGNED CENTER EACH NIGHT. INMATES ASSIGNED TO SIR OR PDL ARE CAREFULLY SELECTED FOR PARTICIPATION AND SUPERVISED.

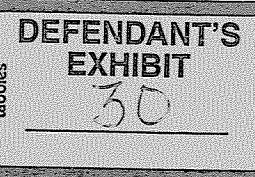
BECAUSE THIS INNATE IS SERVING A SENTENCE FROM YOUR COUNTY, ANY INFORMATION YOU MAY HAVE RELATIVE TO THIS DECISION WILL BE CAREFULLY CONSIDERED. IF THERE ARE ANY SPECIFIC OBJECTIONS TO THIS PLACEMENT, PLEASE PROVIDE THEM IN WRITING WITHIN THIRTY DAYS OF THE DATE OF THIS NOTICE.

NAME: HOGAN, SALLY RUTH AIS# 00238982 R/S# HF

COUNTY: CHAMBERS DOB: 08/06/1951 EOS/PD: 05/19/2006

CASE #: (S#) 2003-000100

SINCERELY,
PAUL WHALEY II
DIRECTOR OF CLASSIFICATION





DEFENDANT'S
EXHIBIT
31

Certificate of Training

The

Alabama

Department of Corrections

Certifies That

SALLY HOGAN 238982

has successfully completed the

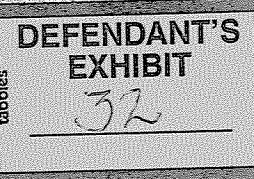
40 hour Personal Development course conducted

from July 12th to September 20th, 2005

J. Basperotto B.S.

INSTRUCTOR

D. A. S.
WARDEN/DIRECTOR



PRNG IMAGED | P

IT HAVING BEEN MADE TO APPEAR TO THE ALABAMA BOARD OF PARDONS AND PAROLES THAT

SALLY RUTH HOGAN, 238982

IS ELIGIBILE TO BE PAROLED, THAT THE BOARD IS OF THE OPINION THAT THERE IS A REASONABLE PROBABILITY THAT SAID PRISONER WILL REMAIN AT LIBERTY WITHOUT VIOLATING THE LAWS, THAT THE RELEASE OF THIS PRISONER IS NOT INCOMPATIBLE WITH THE WELFARE OF SOCIETY, AND THAT THIS PRISONER WILL NOT BECOME A PUBLIC CHARGE ON RELEASE, THE PAROLE IS HEREBY GRANTED.

BY BOARD ORDER DATED 09-21-2005, SAID PRISONER IS PAROLED IN THE CASES LISTED BELOW PENDING GOOD BEHAVIOR UNDER SUPERVISION SUBJECT TO THE SPECIFIC CONDITIONS OF PAROLE LISTED HEREIN.

COUNTY	CASE NUMBER	DATE	OFFENSE	SENTENCE
CHAMBERS	CC2003-000100	01-12-2005	POSS/REC CONTR.	004 00 000 CS

IN WITNESS WHEREOF THIS CERTIFICATE BEARING THE SEAL OF THE STATE BOARD OF PARDONS AND PAROLES IS ISSUED THIS THE 11TH DAY OF OCTOBER, 2005.

ALABAMA BOARD OF PARDONS AND PAROLES

WILLIAM C. SEGREST
EXECUTIVE DIRECTOR

